



PHR

S
Y
N
O
P
S
E
S

BAILAR, JOHN C. III (National Cancer Institute), and RICE, SUSAN LEVY:
Survival of uterine cancer patients in different-sized hospitals. Connecticut, 1935-51. Public Health Reports, Vol. 76, November 1961, pp. 987-994.

From 1935 through 1951, 6,220 patients with malignant tumors of the uterine cervix or corpus were reported to the Connecticut Tumor Registry. Comparison of the characteristics of patients admitted to hospitals of small, intermediate, or large size shows only minor differences in the age of the patients or in the stage of cancer at the time of diagnosis.

In all hospital-size groups, most cervical tumors were treated with radiation alone, while most corpus tumors were treated with surgery, either alone or in

combination with radiation.

Survival of corpus cancer patients did not seem to be related to the size of the hospital in which the patients were treated. There was no association between hospital size and survival rates for cervical cancer patients with localized tumors or for those with remote extensions or metastases. For cervical cancer patients with regional extensions, however, survival rates in the large hospitals were considerably higher than those in the small or intermediate hospitals.

AXNICK, NORMAN W. (Public Health Service), and BROWN, WILLIAM J.:
Primary and secondary syphilis in the United States. Public Health Reports, Vol. 76, November 1961, pp. 999-1005.

During the fiscal years 1959 and 1960, national morbidity data indicated a significant increase in the incidence of primary and secondary syphilis in the United States. This rising trend has continued during the first 9 months of 1961. Venereal disease control personnel are confronted with the implications of the reported 12,000 cases in 1960 to a projected 19,000 cases in 1961.

These increases were reported from all geographic areas of the country and occurred in all age groups and in both sexes. The percentage increases in reported cases of infectious syphilis were approximately the same from both clinic and private physician reporting sources.

The data presented indicate that there has been some improvement in morbidity reporting and casefinding efficiency, as well as an actual increase in the inci-

dence of syphilis.

Morbidity reporting practices vary from State to State, and it is difficult to determine the exact extent to which improvement in reporting of infectious syphilis cases by private physicians has contributed to the national increases in the reported incidence of primary and secondary syphilis.

Intensified casefinding activities and improved epidemiologic techniques also contributed their share to the national increases. In order to hasten an ultimate reduction in the incidence of syphilis in the United States, extension of these improved casefinding measures is needed in the control program. Furthermore, an increasing excess of male cases over female cases indicates the need for further epidemiologic studies on the modes of transmission of syphilis.

CONTENTS *continued*

Primary needs in occupational health.....	Page 1019
<i>Albert E. Heustis</i>	
Public health and the aging population.....	1023
<i>Nathan W. Shock</i>	
Dental officer career development.....	1029
<i>Norman F. Gerrie</i>	
Symposium on biological communications.....	1034
Psychiatric clinic outpatients, Maryland.....	1041
Short reports and announcements:	
Influenza vaccination recommended.....	954
Conference on science manuscripts.....	962
Mental illness.....	966
High calcium diet for osteoporosis.....	974
Parents' primer on television.....	985
International mail pouch.....	986
Medical self-help training program.....	994
Electronic larynx.....	998
Fellowships for health workers.....	1005
Narcotic control.....	1008
Program notes.....	1018
Health exhibit in Rome.....	1022
Housing for the elderly.....	1027
Translated readings.....	1028
Epidemiology for nurses.....	1033
U.S. birth rates.....	1036
Air pollution nuisance. Legal note.....	1037
Publication announcements.....	1038
Areawide planning for hospital facilities.....	1039
Federal publications.....	1043

Published concurrently with this issue:

PUBLIC HEALTH MONOGRAPH No. 65 . . . Methodological
Study of Population of Outpatient Psychiatric Clinics,
Maryland, 1958-59. *Anita K. Bahn*

Summary and information on availability appear on page 1041.



MANAGING DIRECTOR

WILLIAM H. STEWART, M.D.
*Chief, Division of Public Health
Methods*

BOARD OF EDITORS

ERNEST L. STEBBINS, M.D., M.P.H.
Chairman

A. L. CHAPMAN, M.D.

HERBERT R. DOMKE, M.D., Dr.P.H.

ROBERT DYAR, M.D., Dr.P.H.

DONALD J. GALACAN, D.D.S., M.P.H.

WESLEY E. GILBERTSON, M.S.P.H.

ROGER W. HOWELL, M.D.

CHARLES V. KIDD, Ph.D.

LUCILE P. LEONE, R.N., M.A.

DAVID LITTAUER, M.D.

MARGARET F. SHACKELFORD, M.S.

JAMES R. SHAW, M.D.

HELEN M. WALLACE, M.D.

STAFF

Marcus Rosenblum *Executive Editor*

Winona Carson *Managing Editor*

Martha Seaman *Asst. Managing Editor*

Address correspondence to Executive Editor

Opinions expressed are the authors' and do not necessarily reflect the views of *Public Health Reports* or the Public Health Service. Trade names are used for identification only and do not represent an endorsement by the Public Health Service.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

ABRAHAM RIBICOFF, *Secretary*

PUBLIC HEALTH SERVICE

LUTHER L. TERRY, *Surgeon General*

PHR

S
Y
N
O
P
S
E
S

BROOKE, M. M. (Public Health Service), FEBLES, FRANCISCO, Jr., and BAZE-MORE, MARY: Anthelmintic therapy program in a school using two formulations of dithiazanine. Public Health Reports, Vol. 76, November 1961, pp. 1009-1017.

Pretreatment stool examinations indicated that 68 percent of the Puerto Rican children in a Philadelphia elementary school harbored helminths, principally *Trichuris trichiura*.

A 10-day therapy program was instituted using two formulations of the broad-spectrum anthelmintic, dithiazanine, to treat 128 infected or unexamined Puerto Rican children. A placebo was given to the remaining 262 children.

During the first 5 days of therapy, 36 percent of the children on dithiazanine II, 39 percent on dithiazanine amberlite, and 23 percent on the placebo had side reactions. The relative intolerance to dithiazanine II increased during the second 5 days of therapy. With the exception of excessive vomiting by two children who were removed from therapy with dithiazanine II on the 9th day, the side effects did not constitute a serious problem.

Dithiazanine II (tablets) was significantly more effective than dithiazanine amberlite (capsules) against *T. trichiura* (85 percent versus 44 percent cured; 97 percent versus 75 percent, reduction in egg counts). Although dithiazanine II appeared more effective against hookworm, the differences were not statistically significant.

Dithiazanine II has promise as a suitable drug for mass therapy against nematode infections, since it appears to be more effective and better tolerated than the presently available commercial dithiazanine product. However, in view of the relatively light infections in most children and the spontaneous loss of worms over a period of years, it is questionable whether mass therapy against nematode infections harbored by Puerto Rican children is necessary in schools located in the northern United States, which is outside the recognized endemic areas for these parasites.

Information for Contributors

PUBLIC HEALTH REPORTS welcomes from any source all contributions of value to public health.

Most of the readers of *Public Health Reports* are practicing public health officials. About 10 percent of the monthly circulation of *Public Health Reports* goes overseas. About half of the domestic circulation goes to Federal, State, and local government agencies concerned with health and related health interests. A quarter goes to institutions accredited for teaching in health and related fields, to teachers, and to libraries. The journal also reaches research institutions, hospitals, and professional and voluntary public health organizations.

Tearsheets. In lieu of reprints, senior authors are provided with 50 to 100 sets of tearsheets after publication. Associate authors receive a smaller number.

Manuscript review. Manuscripts submitted for publication are reviewed by technical experts, and authors are given the benefit of their comments before type is set. Authors also receive edited typescripts for approval and are given the opportunity to correct galley proofs. Authors are responsible for the accuracy and validity of all material, including tables, charts, and references. Special editorial assistance in preparing or revising manuscripts is available on request, to the limit of staff resources.

Manuscripts are reviewed with the understanding that they have not been committed for publication elsewhere. Appropriate information should be provided if a paper has been given or is prepared for presentation at a meeting.

Manuscript form. Authors will facilitate review and publication if they submit an original and three carbon copies of their manuscripts. All copy should be typed double spaced, and each page should end with a completed paragraph. Of course, several paragraphs may appear on a typed page.

References should be given in the style used by *Public Health Reports*.

Footnotes should be worked into the text or offered as supplemental items.

Authors are expected to recognize scientific contributions by those who have assisted in their papers only if such contributions warrant mention in the text or in the paragraph identifying the authors. It is not the policy of *Public Health Reports* to publish "acknowledgments."

Synopses. Authors are requested to provide a 200-word synopsis of appropriate papers. The staff will supply on request information offering guidance on the preparation of synopses.

Index listings. *Public Health Reports* is listed in the annual *Cumulated Index Medicus* (American Medical Association), in the monthly *Index Medicus* (National Library of Medicine), in the *Engineering Index*, and in the *Hospital Literature Index*.

Bound copies. Librarians and others should preserve their copies for binding, as the Public Health Service does not supply bound copies. Indexes are published each year in the December issue.

PUBLIC HEALTH MONOGRAPHS, edited and issued by *Public Health Reports*, must be submitted through constituent agencies of the Department of Health, Education, and Welfare.

Most Public Health Monographs are placed on sale by the Superintendent of Documents; series subscriptions are not available. Monographs are not included in subscriptions to *Public Health Reports*.

Address correspondence on editorial matters to: Executive Editor, Public Health Reports, Public Health Service, U.S. Department of Health, Education, and Welfare, Washington 25, D.C.